



DEPARTMENT OF INSURANCE
STATE OF ARIZONA
Financial Affairs Division - Compliance Section
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**ANNUAL REPORT OF POLICY AND LOSS RESERVES FOR
DOMESTIC MECHANICAL REIMBURSEMENT REINSURERS
PURSUANT TO A.R.S. § 20-1096.05
DUE APRIL 1**

Complete Company Name _____ NAIC No. _____

ENTER THE CALENDAR YEAR FOR WHICH THIS REPORT IS BEING FILED: _____

1) A) Amount of policy reserves (unearned premiums) as of December 31 of the year entered above
\$ _____

B) **State in detail** the method used to determine policy reserves in the calendar year entered above.

2) A) Amount of loss reserves as of December 31 of the year entered above. \$ _____

B) **State in detail** the method used to determine loss reserves in the calendar year entered above.

We certify that this report is true, complete and correct to the best of our knowledge and belief.

Signature of President

Date

Signature of Secretary

Date